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ABSTRACT

Contemporary research provides evidence of a variety of behaviors and conditions encountered in children from economically disadvantaged backgrounds with sufficient frequency to justify the conclusion that they are either induced or nurtured by conditions of poverty. Numerous health-related conditions are felt to have implications for school and general social adjustment. The relationship of income level to intellectual development, academic achievement, and educational opportunity has been studied. Attempts to identify social affective behaviors which are associated with poverty in children have yielded tenuous results. Nonetheless, health status, intellectual function, and personal social adjustment appear to be influenced by conditions of poverty. Programs for the socially disadvantaged must be designed to relieve the impact of poverty on learning and development. (Author/WI)

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CULTURAL AND ECONOMIC FACTORS AFFECTING THE EDUCATIONAL PROCESS

Perspectives on Children's Mental Health

Services: Psychopathology and Social Structures

April 15, 1978

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Contemporary research provides evidence of a variety of behaviors and conditions which are encountered in children from economically disadvantaged backgrounds with sufficient frequency to justify the conclusion that they are either induced by or nurtured by conditions of poverty.

The excellent studies by Knobloch and Pasamanick of the relationships between health status and school adjustment, in low-income Negro children in Baltimore, by Lashof of health status and services in Chicago's south side, by Birch of health status and related learning patterns in an entire age group of school children in Aberdeen, Scotland, also of the health status of children from indigent families in the Caribbean area, and by Porter and others of the health status of samples drawn from the Head Start population provide mounting evidence in support of the hypothesis that there exists a continuum of reproductive errors and development defects significantly influenced by level of income. According to this hypothesis the incidence of reproductive error or developmental defect occurs along a continuum in which the incidence of error or defect is greatest in the population for which medical, nutritional and child care are poorest and the incidence least where such care is best.

These studies point clearly to the facts that:

(1) nutritional resources for the mother-to-be, the pregnant mother and fetus, and the child she bears are inadequate;

(2) medical care--prenatal obstetrical and postnatal is generally poor;

(3) the incidence of subtle to more severe neurologic defects is relatively high in low-income children;

(4) case finding, lacking systematic procedures, is hit or miss, leaving the child not only handicapped by the disorder but frequently with no official awareness that the condition exists;

(5) family resources and sophistication insufficient to provide the remedial and/or compensatory supports which can spell the difference between handicap and competent function.

These health-related conditions are thought to have important implications for school and general social adjustment. We know that impaired health or organic dysfunction influences school attendance, learning efficiency, developmental rate, personality development, etc. Pasamanick attributes a substantial portion of the behavior disorders noted in the population to the high incidence of subtle neurologic disorders. Silver relates a variety of specific learning disabilities to mild to severe neurologic abnormalities in children. Lustman and Greenberg have noted the relationship between frequent or chronic illnesses and poor school achievement. Clearly, adequacy of health care in our society is influenced by adequacy of income,

heading to the obvious conclusion that poverty results in a number of conditions directly referrable to health and indirectly to development in general.

Etiologic relationships between income and intellectual status or intellectual function are not as readily established as those between health status and income. Yet, there is an overwhelming body of correlational data which shows income level to be the best single predictor of group intellectual function. The Sexton study of the relationship of income level to educational opportunity and achievement in a United States metropolis, the Silverman study of income and reading level, and to some extent the recently released national study of Equality of Educational Opportunity in the United States by Coleman, et al, call our attention to the fact that regardless of other variables along which the population may be grouped, poor people in this country do less well than do rich people on tests of intelligence and academic achievement. I repeat, these correlational data may not be used to establish causation, yet, shifts in group and individual scores as living standards improve or as stimulational circumstances are enhanced, as well as the fact of overlap in scores between subjects in the extremes of these two groups, lend support to the assumption that biological factors incidentally associated with income groups or directly associated with ethnic stock are insufficient to account for the observed differential function. When we look at studies of quality of educational input and the distribution of such inputs along levels of economic status we begin to find compelling evidence in support of the assumption that differential intellectual function is influenced by quality of educational exposure which in turn is influenced by income level, with poverty being positively associated with low level function as well as low level quality of education.

A rich literature has developed around the nature of this differential in

intellectual function. Earlier works stressed gross quantitative differences. More recently, studies by Deutsch, Lesser, Siller, Anastasi, Hilliard, Gordon, and others have given greater attention to specific aspects of intellectual function as they differ across groups. These findings remain insufficiently developed but tend to show children from low-income families performing more poorly than their more privileged age mates on tasks which favor abstract over concrete mental processes, which favor verbal over performance responses, on tasks which require that concept formation flow from the form of the stimulus rather than from its content, on tasks which require sustained attention and involvement and more poorly on tasks which require elaborated as opposed to restricted language form. Several attempts have been made at identifying or explaining the roots of these behavioral differences from what we know about the life experiences and conditions associated with poverty. Conclusions so far advanced continue to be more speculative than empirically derived. However, the frequency with which these patterns of intellectual functions are encountered and the logical relationships which seem to prevail between certain patterns and certain life conditions, make it entirely appropriate that educational and social planning for many such poverty stricken children be influenced by these as yet tentative conclusions.

Attempts at the identification of social-affective behaviors which are associated with conditions of poverty in children have yielded rather tenuous results. This is in part due to the fact that the measurement of social and affective behaviors is still poorly developed. It is also due to the fact that poverty as do other conditions of life have varying and sometimes contradictory impacts on the persons subjected to them. Some attention has been given to questions of self concept with the prevailing views and some data indicative of depressed self concept resulting form conditions of poverty.

Dreger and Miller , Keller report self deprication in addition to low self concept as prominent tendencies in this group. Aggressive and strong competitive feelings have been reported by McKee and Leader. Ausubel and Ausubel found an excessive dependence on external as opposed to internal control, and Goff found self value and aspiration depressed. In general, investigators as well as less formal observers agree that level and quality of motivation are impaired by conditions of poverty and low status. The extent to which these several traits may be attributed to conditions of poverty is questionable. Existing studies do not permit the separation of the impact of poverty from the impact of ethnic caste status or social class status and their resultant imposed roles. In addition, the problem of overlap of characteristics between groups all along the economic ladder compounds the question. We also have not dealt with the fact that resistance, rebellion, indignation and personal dignity born of their expression may also be considered to be behavioral products of poverty.

We have then at least three areas of function which appear to be significantly influenced by conditions of poverty, i.e. health status, intellectual function and personal social adjustment. In each area, correlational studies show a positive relationship between low income and less than optimal condition. Despite the fairly wide discussion of these findings and their colloquial acceptance by many workers in this field, it is remarkably tragic that the emerging programs of remediation and compensation have given so little attention to these factors in the design of their attack.

In the area of health service where we probably know most about prevention and treatment, it is only within the last few months that financial resources have been made available to begin to meet the health needs of indigent children. Out of deference to the AMA, that trade union that tries to masquerade as a professional society, this nation has trailed many less wealthy countries in

providing for the medical care of its people. The school health examination is a disgrace to the professions of medicine and education and the development of public school medicine as a subspecialty in pediatrics is barely on the horizon. Yet it is clear that the school functioning of many of our children, particularly those coming from conditions of poverty, could be greatly enhanced by the application of concepts from modern medicine to some of their school adjustment problems. It is interesting that in more than 300 programs for the disadvantaged reviewed in a study we have just completed, there is not one that has a well developed modern public health component, despite the fact that it is common knowledge that health problems plague the poor.

But let us not be smug in criticizing the "real doctors." Those of us who hold doctorates in psychology and education have not done better than our colleagues with medical degrees. With all the attention we have given to identifying the special characteristics of the children of the poor and with our increasing knowledge of the patterns of intellectual and social functioning thought to be peculiar to many of them, there are few if any programs which are based upon the careful qualitative analysis of the functioning of these children and none that we have been able to find where such a qualitative analysis leads to a considered prescription for educational and social remediation. With all of our knowledge of individual differences and differential psychology, our clinical work remains dominated by concern with the quantification of behavioral measures and their classification in diagnostic categories, and our remedial work is characterized by dilution for those thought too slow to keep up or enrichment for those who are assumed to have correctable deficits. We have not applied our tradition or experimentation to the learning problems of this population. We have not brought the full impact of our knowledge of the teaching-learning process to bear on the challenge of the inefficient learner. We have not assumed the responsibility for the success of their learning experience but have continued to place the burden of proof on the

shoulders of the learner.

In programs of compensatory education all across the country, psychologists are prominently displayed. But aside from traditional approaches to assessment and counseling, we cannot determine how we earn our fees and salaries. The growing edges of psychology are not represented in these programs. There are obviously a few exceptions as is evidenced by the work of Cynthia and Martin Deutsch, Irwin Katz, Carl Beretier, Susan Gray, Arthur Jensen, Frank Riessman, and Arthur Perl. But these people tend to be identified with special programs which are not a part of the mainstream public school establishment and it is in the public school that the deadening weight of this problem is carried.

Recent years have seen a flurry of effort and more money than we know how to appropriately use directed at improving the lot of the disadvantaged. This is as it should be. The great danger is that the knowledge currently available from the behavioral sciences may not be appropriately applied while we take comfort in the thought that a great deal is being done. It may also be, and we suspect that this is the case, that the available knowledge is not sufficient to the task. There is the fact that even the best of the existing programs can claim only modest victories.

But all is not hopeless. Our society's concern with and our nation's need to salvage the human resources represented in our country's poor provide psychology and education with the challenge and the opportunity to lift these disciplines to new levels of scientific and social productivity. For the kinds of issues which must be engaged as we meet the problems of poverty take us to the heart of the problems of psychology and pedagogy at the same time that they challenge us to new levels of social responsibility as laymen and citizens.

In this conference we have been examining issues related to the health status, intellectual function, and personal social development of socially disadvantaged children. Our goal is to better understand the relationship between these characteristics and the conditions by which they are thought to be bred. The ultimate task is to plan programs of research and service designed to relieve the deleterious impact of those handicapping conditions on learning and development.